IPDR6702	02/25/2008		The	NORTH CAROLINA RS CHECKWRITE SUMMARY REPORT		P.F	GE: 1	
RUN DAIL.	02/25/2006			CHECKWRITE DATE: 02/28/2008				
				FINANCIAL PAYER: NCDMH				
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	4102	7403	YOU ARE ATTEMPTING TO ADJUST A				
	H/DD/SAS			CLAIM THAT IS EITHER NOT				
				FOUND ON OUR FILE OR IS NOT FO				
		8536	5025	ATTENDING PROVIDER TYPE AND SP	69	23035	25521	2486
				ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
		27	4779	DIAGNOSIS CODE MISSING OR INVA				
				LID. VERIFY AND ENTER THE				
				CORRECT DIAGNOSIS CODE AND SUB				
2404004		21	1106	DUDY TORMS OF OT ATM OVOMBY				
3404904	WESTERN HIGHLAN	21	1186	DUPLICATE OF CLAIM-SYSTEM				
	DS LME							
	1	191	30	CLIENT ID NUMBER DOES NOT MATC	0	1225	5301	4076
				H PATIENT NAME				
	1							
	1	8599	5	DETAIL NOT COVERED BY COMBINAT			-	
	1	0.33	2	ION OF RECIPIENT, PROVIDER AND			1	
	1			BENEFIT PACKAGE.			<del> </del>	
	1						l .	
3404910	PATHWAYS	8505	215	CLAIM DENIED DUE TO INSUFFICIE		<u> </u>	İ	
	1			NT BUDGET			1	
					1	1		
		8800	101	FURTHER PROCESSING NECESSARY,		430	2040	2510
		0000	101	PLEASE CHECK FOR CLAIM ON	9	430	3948	3518
				FUTURE RA'S.				
		11	74	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404912	CATAWBA COUNTYM	8326	104	ATTENDING PROVIDER NUMBER WAS				
	ENTAL HEALT			NOT SUBMITTED ON				
	ENIAD HEAD!			THIS CLAIM OR THE NPI SUBMITTE				
		8622	34	60 RESIDENTIAL LEVEL II TREATM	C	147	2240	2093
				ENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
		23	3	SERVICE REQUIRES PRIOR APPROVA				
				L				
3404913	MECKLENBURG COM	8505	3688	CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT			NT BUDGET				
	+	8326	1110	ATTENDING PROVIDER NUMBER WAS	0	5943	6135	192
				NOT SUBMITTED ON		3313	2233	
				THIS CLAIM OR THE NPI SUBMITTE				
		2000	500					
	1	8800	693	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON	1	-	1	
	1			FUTURE RA'S.			<del>                                     </del>	
	+						1	
3404916	CROSSROADS BEHA	8505	3256	CLAIM DENIED DUE TO INSUFFICIE				
	VIORAL HEAL			NT BUDGET				
		2411	272	PROVIDER TYPE AND SPECIALTY 07			1	
	1	3411	372	4/113 CANNOT BILL ENHANCED	0	4367	4498	131
	1			BENEFIT SERVICES ON OR AFTER D			<del> </del>	
	1							
	<u> </u>	8800	247	FURTHER PROCESSING NECESSARY,		<u> </u>	İ	
	1			PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.			1	
3404917	CENTERPOINT HUM	11	343	CLIENT NOT ELIGIBLE ON SERVICE	1		-	
	AN SERVICES			DATE	1	+		
	1					<u> </u>		
		8505	237	CLAIM DENIED DUE TO INSUFFICIE	C	729	1928	1199
				NT BUDGET				
				NT BUDGET				
			56					
		8599	56	NT BUDGET  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND				

PROVIDER NUMBER		T					TOTAL	TOTAL
NUMBER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
	-	1						
3404919	GUILFORD CO MEN	8505	613	CLAIM DENIED DUE TO INSUFFICIE				
	TAL HEALTHC			NT BUDGET				
		8800	263	FURTHER PROCESSING NECESSARY,	0	1130	1726	596
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		537	78	PROCEDURE IS NOT COVERED FOR T				
				HIS DATE OF SERVICE				
3404920	ALAMANCE CASWEL	8505	364	CLAIM DENIED DUE TO INSUFFICIE				
	L AREA MH D		ļ	NT BUDGET				
		5404	30	SEVERE DUPLICATE: SAME ATTD PR				
		5404	30	OV/PCODE/TOS/DOS/MOD	0	435	6009	5574
		_	-	GV/FCGDE/1G3/BG3/NGD				
	<u> </u>							
		79	29	THIS SERVICE IS NOT PAYABLE TO				
	<u> </u>	179	2.5	YOUR SUBMITTED BILLING				
		-						
-		+	<del> </del>	PROVIDER TYPE AND SPECIALTY IN		<del>                                     </del>		
3404921	onaugn pengama	8505	780	CLAIM DENIED DUE TO INSUFFICIE		1		-
	ORANGE PERSON C	-303		NT BUDGET		<del>                                     </del>		<del>                                     </del>
-	HATHAM AREA	+	<del> </del>			<del>                                     </del>		<del>                                     </del>
		+	<del>                                     </del>					
-		8329	345	CLAIM DENIED ATTENDING PROVIDE				
		0329	242	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS	0	1559	2676	1117
		+	<del>                                     </del>	R CANNOT BE THE SAME AS THE LMA		<b>I</b>		-
		+	<del>                                     </del>	IIIS LIGHT		-		
		8599	160	DETAIL NOT COVERED BY COMBINAT		-		
		8599	160	ION OF RECIPIENT, PROVIDER AND				
			ļ	BENEFIT PACKAGE.				
			ļ	BENEFII PACKAGE.				
3404922		0524	2	SERVICE FACILITY LOCATION IS N				
3404922	THE DURHAM CENT	8534	3	OT A VALID IPRS ATTENDING				
	ER		ļ					
			ļ	PROVIDER, OR THE NPI SUBMITTED				
		-						
		U	U		0	3	3	0
		<u> </u>						
3404923	FIVE COUNTY MH	8505	1155	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
		8508	448	CLAIM DENIED NO BUDGET FOUND	0	1841	1874	33
		8800	150	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404925	SANDHILLS CENTE		1903	CLAIM DENIED DUE TO INSUFFICIE				
		8505	1903					
	R FOR MH/DD	8505	1903	NT BUDGET				
		8505	1903					
		8505	1903	NT BUDGET				
		8505 8508	327		4	2592	2787	195
				NT BUDGET	4	2592	2787	195
				NT BUDGET	4	2592	2787	195
		8508	327	NT BUDGET  CLAIM DENIED NO BUDGET FOUND	4	2592	2787	195
				NT BUDGET  CLAIM DENIED NO BUDGET FOUND  DETAIL NOT COVERED BY COMBINAT	4	2592	2787	195
		8508	327	NT BUDGET  CLAIM DENIED NO BUDGET FOUND  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND	4	2592	2787	195
		8508	327	NT BUDGET  CLAIM DENIED NO BUDGET FOUND  DETAIL NOT COVERED BY COMBINAT	4	2592	2787	195
	R FOR MH/DD	8508 8599	327	NT BUDGET  CLAIM DENIED NO BUDGET FOUND  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	4	2592	2787	195
3404926		8508	327	NT BUDGET  CLAIM DENIED NO BUDGET FOUND  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  DETAIL NOT COVERED BY COMBINAT	4	2592	2787	195
3404926	R FOR MH/DD	8508 8599	327	NT BUDGET  CLAIM DENIED NO BUDGET FOUND  CLAIM DENIED NO BUDGET FOUND  DETAIL NOT COVERED BY COMBINAT  LON OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  DETAIL NOT COVERED BY COMBINAT  LON OF RECIPIENT, PROVIDER AND	4	2592	2787	195
3404926	R FOR MH/DD	8508 8599	327	NT BUDGET  CLAIM DENIED NO BUDGET FOUND  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  DETAIL NOT COVERED BY COMBINAT	4	2592	2787	195
3404926	R FOR MH/DD	8599 8599	132	NT BUDGET  CLAIM DENIED NO BUDGET FOUND  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.	4	2592	2787	195
3404926	R FOR MH/DD	8508 8599	327	NT BUDGET  CLAIM DENIED NO BUDGET FOUND  CLAIM DENIED NO BUDGET FOUND  DETAIL NOT COVERED BY COMBINAT  LON OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  DETAIL NOT COVERED BY COMBINAT  LON OF RECIPIENT, PROVIDER AND	4	2592		195
3404926	R FOR MH/DD	8599 8599	132	NT BUDGET  CLAIM DENIED NO BUDGET FOUND  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.	4			
3404926	R FOR MH/DD	8599 8599	132	NT BUDGET  CLAIM DENIED NO BUDGET FOUND  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.	4			
3404926	R FOR MH/DD	8599 8599 8599	327 132 123	NT BUDGET  CLAIM DENIED NO BUDGET FOUND  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  SERVICE REQUIRES PRIOR APPROVA L	4			
3404926	R FOR MH/DD	8599 8599	132	NT BUDGET  CLAIM DENIED NO BUDGET FOUND  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  SERVICE REQUIRES PRIOR APPROVA  L  FURTHER PROCESSING NECESSARY,	4			
3404926	R FOR MH/DD	8599 8599 8599	327 132 123	NT BUDGET  CLAIM DENIED NO BUDGET FOUND  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  SERVICE REQUIRES PRIOR APPROVA  L  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON	4			
3404926	R FOR MH/DD	8599 8599 8599	327 132 123	NT BUDGET  CLAIM DENIED NO BUDGET FOUND  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  SERVICE REQUIRES PRIOR APPROVA  L  FURTHER PROCESSING NECESSARY,	4			
	R FOR MH/DD	8599 8599 8599	327 132 123 94	NT BUDGET  CLAIM DENIED NO BUDGET FOUND  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  SERVICE REQUIRES PRIOR APPROVA  L  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON  FUTURE RA'S.	4			
3404926	R FOR MH/DD	8599 8599 8599	327 132 123	NT BUDGET  CLAIM DENIED NO BUDGET FOUND  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  SERVICE REQUIRES PRIOR APPROVA L  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.  CLIENT NOT ELIGIBLE ON SERVICE	3			
	R FOR MH/DD	8599 8599 8599 8599	327 132 123 94	NT BUDGET  CLAIM DENIED NO BUDGET FOUND  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  SERVICE REQUIRES PRIOR APPROVA  L  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON  FUTURE RA'S.	3			
	R FOR MH/DD  SOUTHEASTERN RE G MENTAL HL  CUMBERLAND CO M	8599 8599 8599 8599	327 132 123 94	NT BUDGET  CLAIM DENIED NO BUDGET FOUND  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  SERVICE REQUIRES PRIOR APPROVA L  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.  CLIENT NOT ELIGIBLE ON SERVICE	4			
	R FOR MH/DD  SOUTHEASTERN RE G MENTAL HL  CUMBERLAND CO M	8599 8599 8599 23	327 132 123 94	NT BUDGET  CLAIM DENIED NO BUDGET FOUND  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  SERVICE REQUIRES PRIOR APPROVA L.  FURTHER PROCESSING NECESSARY, PUELASE CHECK FOR CLAIM ON FUTURE RA'S.  CLIENT NOT ELIGIBLE ON SERVICE DATE	3			
	R FOR MH/DD  SOUTHEASTERN RE G MENTAL HL  CUMBERLAND CO M	8599 8599 8599 8599	327 132 123 94	NT BUDGET  CLAIM DENIED NO BUDGET FOUND  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  SERVICE REQUIRES PRIOR APPROVA L  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.  CLIENT NOT ELIGIBLE ON SERVICE	3	476	3436	2960
	R FOR MH/DD  SOUTHEASTERN RE G MENTAL HL  CUMBERLAND CO M	8599 8599 8599 23	327 132 123 94 45	NT BUDGET  CLAIM DENIED NO BUDGET FOUND  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  SERVICE REQUIRES PRIOR APPROVA L.  FURTHER PROCESSING NECESSARY, PUELASE CHECK FOR CLAIM ON FUTURE RA'S.  CLIENT NOT ELIGIBLE ON SERVICE DATE	3	476	3436	2960
	R FOR MH/DD  SOUTHEASTERN RE G MENTAL HL  CUMBERLAND CO M	8599 8599 8599 23	327 132 123 94 45	NT BUDGET  CLAIM DENIED NO BUDGET FOUND  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  BENEFIT PACKAGE.  SERVICE REQUIRES PRIOR APPROVA  L.  FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S.  CLIENT NOT ELIGIBLE ON SERVICE  DATE  DETAIL NOT COVERED BY COMBINAT	3	476	3436	2960
	R FOR MH/DD  SOUTHEASTERN RE G MENTAL HL  CUMBERLAND CO M	8599 8599 8599 23	327 132 123 94 45	NT BUDGET  CLAIM DENIED NO BUDGET FOUND  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  SERVICE REQUIRES PRIOR APPROVA  L  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.  CLIENT NOT ELIGIBLE ON SERVICE DATE  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND	3 3	476	3436	
	R FOR MH/DD  SOUTHEASTERN RE G MENTAL HL  CUMBERLAND CO M	8599 8599 8599 23	327 132 123 94 45	NT BUDGET  CLAIM DENIED NO BUDGET FOUND  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  SERVICE REQUIRES PRIOR APPROVA  L  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.  CLIENT NOT ELIGIBLE ON SERVICE DATE  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND	3	476	3436	2960
	R FOR MH/DD  SOUTHEASTERN RE G MENTAL HL  CUMBERLAND CO M	8599 8599 8599 8800	327 132 123 123 94 45	NT BUDGET  CLAIM DENIED NO BUDGET FOUND  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  SERVICE REQUIRES PRIOR APPROVA L  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.  CLIENT NOT ELIGIBLE ON SERVICE DATE  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  SERVICE DENIES PRIOR APPROVA L  SERVICE DENIES OF THE FISCAL	3	476	3436	2960
	R FOR MH/DD  SOUTHEASTERN RE G MENTAL HL  CUMBERLAND CO M	8599 8599 8599 8800	327 132 123 123 94 45	NT BUDGET  CLAIM DENIED NO BUDGET FOUND  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  SERVICE REQUIRES PRIOR APPROVA L  FURTHER PROCESSING NECESSARY, PUERASE CHECK FOR CLAIM ON FUTURE RA'S.  CLIENT NOT ELIGIBLE ON SERVICE DATE  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  SERVICE DENIED, LIMITATION HAS	3	476	3436	2960

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404930	JOHNSTON COUNTY	11	18	CLIENT NOT ELIGIBLE ON SERVICE				
	MNTL HLTHC			DATE				
		0	0		0	18	18	0
3404931	WAKE CO HUM SVC	8505	716	CLAIM DENIED DUE TO INSUFFICIE				
	BILLING OF			NT BUDGET				
		8800	445	FURTHER PROCESSING NECESSARY,	24	1621	3083	1462
				PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		11	107	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404933	SOUTHEASTERN CT R FOR MH/DD	8505	3093	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	r rok mi/bb							
		8599	95	DETAIL NOT COVERED BY COMBINAT				
		0.323		ION OF RECIPIENT, PROVIDER AND	0	3389	6609	3220
				BENEFIT PACKAGE.				
		8800	93	FURTHER PROCESSING NECESSARY,				
		1		PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404934	ONSLOW CARTERET	8534	191	SERVICE FACILITY LOCATION IS N				
	BEHAV HEAL			OT A VALID IPRS ATTENDING				
		1		PROVIDER, OR THE NPI SUBMITTED				
		8505	182	CLAIM DENIED DUE TO INSUFFICIE	0	760	1708	948
				NT BUDGET				
		8599	130	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				BENEFII FACRAGE.				
3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
	HEALTH CTR							
		0	0		0	0	0	0
3404936	THE BEACON CENT	0	0	*** NO DATA TO REPORT ***				
	ER							
		0	0		0	0	0	0
3404937	THE BEACON CENT	8599	3	DETAIL NOT COVERED BY COMBINAT				
	ER			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				DENTIT INCIDE.				
		191	1	CLIENT ID NUMBER DOES NOT MATC	0	5	1413	1408
				H PATIENT NAME				
		10	1	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID,	_			
				DIAGNOSIS, PROCEDURE CODE FOR				
2404		a.c.a.c	0404					
3404939	EAST CAROLINA B EHAVIORAL H	8505	2424	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8888	226	FURTHER PROCESSING NECESSARY,				
		8800	326	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON	0	2934	3095	161
				FUTURE RA'S.				
		537	45	PROCEDURE IS NOT COVERED FOR T				
		-31		PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE				
3404941	BACH CAROL THE P	0	0	*** NO DATA TO REPORT ***				
	EAST CAROLINA B EHAVIORAL H	-	-					
		0	0					-
					0	0	0	0
2404942		0	0	*** NO DATA TO DEDODT ***				
3404942	EAST CAROLINA B EHAVIORAL H	U	U	*** NO DATA TO REPORT ***				
	THE TOTAL II							
		<u> </u>						
		0	n					
		0	0		0	0	0	0

1					1		TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER		EOBS	DENIALS	DESCRIPTION		-		
NUMBER	PROVIDER NAME	2003	DENTALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404943		11	35	CLIENT NOT ELIGIBLE ON SERVICE				
3404943	ALBEMARLE MENTA	11	35	DATE				
1	L HEALTH CE			DATE				
		3411	30	PROVIDER TYPE AND SPECIALTY 07	17	164	1803	1639
				4/113 CANNOT BILL ENHANCED				
				BENEFIT SERVICES ON OR AFTER D				
		79	22	THIS SERVICE IS NOT PAYABLE TO				
				YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
3404944	EASTPOINTE HUMA	8000	60	NO RATE AVAILABLE ON FILE TO P				
	N SERVICES			RICE THIS CLAIM DETAIL				
		8599	31	DETAIL NOT COVERED BY COMBINAT	0	91	5078	4987
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404946	FOOTHILLS AREAM	4102	112	YOU ARE ATTEMPTING TO ADJUST A				
	ENTAL HEALT			CLAIM THAT IS EITHER NOT				
				FOUND ON OUR FILE OR IS NOT FO				
	1	8508	3	CLAIM DENIED NO BUDGET FOUND	0	121	380	259
						121	300	239
l		_			+			
		143	3	CLIENT ID NUMBER NOT ON STATE	1			
			+	ELIGIBILITY FILE	-			
				PRIGIDINII LINE				